

MODIFICATION TO BLANKET PURCHASING AGREEMENT

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(Contractor must submit two copies of invoice)

SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED BELOW

CONTRACT/PURCHASE ORDER NO 5500029425	DELIVERY ORDER NO. SWRMWR-16-A-0090	CONTRACT DATE 10/07/2015	PURCHASE REQUISITION NO.	VENDOR NUMBER 4000065183
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ISSUED BY MORALE, WELFARE AND RECREATION COMNAVREG, S.W. CENTRAL ACCTING OFFICE 2375 RECREATION WAY BLDG 3303 SAN DIEGO CA 92136-5518	ADMINISTERED BY NS SAN DIEGO (MWR) 619-556-0306VC VALIDITY START DATE 10/07/2015	VALIDITY END DATE 03/31/2020	SHIPPING TERMS FOR DELIVERIES
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CONTRACTOR ADDRESS US HEALTH WORKS MEDICAL GROUP PROF CORP PO BOX 50042 LOS ANGELES CA 90074-0042	DELIVERY DATE PER DELIVERY ORDER TERMS OF PAYMENT FOR ORDERS Net due 30 days MAIL INVOICES TO "PAYMENT BY" ADDRESS SPECIFIED BELOW
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SHIP TO ADDRESS (or see below) DELIVERY ADDRESS WILL BE SUPPLIED AT TIME OF CALL	PAYMENT WILL BE MADE BY NAVY UNITED STATES DEPARTMENT OF THE dba MORALE WELFARE & RECREATION TIN 95-1734665 2375 RECREATION WAY BLDG 3303 SAN DIEGO CA 92136-5518	ATTENTION THIS IS NOT A PURCHASE ORDER FOR SUPPLIES OR SERVICES
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TYPE OF ORDER	DELIVERY		This delivery order is issued on another Government agency in accordance with and subject to terms and conditions of above numbered contract.
	PURCHASE	<input checked="" type="checkbox"/>	Reference your _____ furnish the following on terms specified herein.

CONTRACTOR/VENDOR ACCEPTANCE
 THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED BLANKET PURCHASING AGREEMENT AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.

NAME OF CONTRACTOR	SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
<input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:			

ITEM	ARTICLE NO. DESCRIPTION OF SUPPLIES/SERVICES	SITE	QUANTITY ACC'D*/ORD'D	UM	NET UNIT PRICE	TARGET VALUE (in USD)
	MOD# P00001 VC 10/08/15 The purpose of this modification is to delete the mention of new staff and add the wording for all Child & Youth Program Employees. As a result of this modification make the following changes: All other terms and conditions of the Blanket Purchase Agreement remain the same. This change order is issued pursuant to: CNICINST 7043.1 Except as provided herein, all terms and conditions of the original document reference on page 1, as heretofore changed, remains unchanged and in full force and effect. This is not an order but a Blanket Purchase Agreement for the period of October 07, 2015 through March 31, 2020 covering pre-employment physical exams, annual physical exams, immunizations and other related items per pricing provided on 24 August 2015 for all Child & Youth Program Employees to reflect the following: <i>Continued on next page...</i>					

* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted beside quantity ordered and encircle.	UNITED STATES OF AMERICA BY: Djuanda Lewis, Contracting Officer
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QUANTITY HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED	SHIPMENT NO. <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL
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DATE SIGNED	SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE	
I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.		
DATE SIGNED	SIGNATURE AND TITLE OF CERTIFYING OFFICER	BILL OF LADING NO.
RECEIVED AT	RECEIVED BY	DATE RECEIVED

CONTINUATION SHEET

REF. NO. OF DOC. BEING CONT'D
5500029425 / SWRMWR-16-A-0090

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NAME OF OFFEROR OR CONTRACTOR
US HEALTH WORKS MEDICAL GROUP PROFVENDOR NUMBER
4000065183

ITEM	ARTICLE NO. DESCRIPTION OF SUPPLIES/SERVICES	SITE	QUANTITY ACC'D*/ORD'D	UM	NET UNIT PRICE	TARGET VALUE (in USD)
	<p>1. To ensure prompt payment the Contractor shall provide to the delivery location, at the time of each completion of service, an itemized invoice.</p> <p>2. Contractor shall provide to the Regional Accounting Department located at 2375 Recreation Way Bldg 3303 San Diego CA 92136-5518 a monthly statement.</p> <p>3. Add funds for each of the option periods as indicated on the line item(s) listed in the body of the BPA. All products and/or services will be ordered if and when required.</p> <p>4. Prices charged under this BPA shall be low or lower than those charged to the contractor's most favored customer.</p> <p>NOTE: No individual call under the agreement shall exceed \$25,000 for supplies and services (\$50,000 for resale) for authorized contracting officers, or \$5,000 for callers without contracting officer authority. Attached is the current authorized callers list with authorized call dollar limitation.</p> <p>A warrant is not required for calls less than \$5,000.</p> <p>** Purchase of equipment valued at \$ 1,000.00 or more is not authorized on this BPA.</p> <p>NAF clauses are hereby incorporated by reference. Full text of NAF clauses are available in an electronic version on the MWR homepage at http://www.navy.mwr.org.</p> <p>*** Text changed ***</p>					
0001	<p>PRE-EMPLOYMENT PHYSICAL EXAMS, ANNUAL</p> <p>Delivery date: 10/22/2015</p> <p>PHYSICAL AND IMMUNIZATIONS FOR ALL CHILD & YOUTH PROGRAM EMPLOYEES FUNDS IN THE AMOUNT OF \$100,000.00 PER YEAR FOR FY16 THROUGH FY19 AND \$25,000.00 FOR FY2020 FOR A TOTAL AMOUNT OF \$425,000.00</p> <p>*** Delivery date changed ***</p> <p>*** Text changed ***</p>	2500	1	PU	425,000.00	425,000.00
SUBTOTAL						425,000.00
TOTAL						\$ 425,000.00